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CONFIRMATION NO. 1908

<b>SERIAL NUMBER</b> 10/799,242	<b>FILING OR 371(c) DATE</b> 03/09/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 16031 (ETH-5022)
<b>APPLICANTS</b> Rajesh Pendekanti, Bridgewater, NJ; Vaclav O. Podany, New Fairfield, CT;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/01/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23389				
<b>TITLE</b> HIGH INTENSITY ABLATION DEVICE				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	